

CCEC-003-APP/CERT-08/28/01

## STATE OF ARIZONA APPLICATION FOR CERTIFICATION





12 Initial Application		7/21493/24
NAME OF CANDIDATE		ude Legislative District, if
JOHN MCCOMISH	applicable)  STATE REME	ENTATIVE - DIST 20
ADDRESS (NUMBER & STREET)	CITY	STATE ZIP
MAILING ADDRESS (if different from above)	PHOENIX	AZ SSOM
	<del></del>	
SAME  CANDIDATE'S FELEPHONE # CANDIDATE'S FAX #	CANDIDATE'S E-MAIL	ADDRESS
480 496 6943 480 753	3898 JOHNEDANNATURE	ECHNABER. COM
CANDIDATE'S PARTY AFFILIATION (if any)	24030747474	
REPUBLICAN		
I NAME OF CANDIDATE'S COMMITTEE		
FRENDS OF JOHN MC COMISH COMMITTEE'S ADDRESS	CITY	STATE ZIP
	ProENIX	AZ 85044
COMMITTEE'S PHONE #   COMMITTEE'S FAX #	COMMITTEE'S E-MAIL	AODRESS
VSO 496 6943 480 753 30 NAME OF DESIGNATED INDIVIDUAL WITH AUTHORITY TO WITHOR	898 JOHNBAHWATURE	EXMANDED. COM
	AW FUNDS (IF APPLICABLE) (A.R.S. §76-94	(8)
DESIGNATED INDIVIDUAL'S ADDRESS	Lound	STATE ZIP
1	CITY Description	STATE ZIP
DESIGNATED INDIVIDUAL'S TELEPHONE   DESIGNATED INDIVIDUAL	IAL'S FAX # DESIGNATED INDIVID	UAL'S E-MAIL ADDRESS
* 480 706 6343		
480 706 6343	CWARISEAOL	. Com
LIST THE NAME OF THE FINANCIAL INSTITUTION FROM WHICH THI FINANCIAL ACTIVITY FOR THE CANDIDATE'S CAMPAIGN COMMITT LVELUS FANGO		
DESIGNATED CANDIDATE'S STATEMENT (If appl designate (Ly)) as my d authority to withdraw funds and make expenditures from Date:	uly authorized Designated Individ	lual, with the
Candidate's signature:	L angelia Carlos	